WEST Search History

DATE: Tuesday, December 10, 2002

Set Name side by side	Query	Hit Count	Set Name result set
DB=USPT; PLUR=YES; OP=ADJ			
L34	L33 and ns3 and reducing	23	L34
L33	L32 and l7	472	L33
L32	l1 or l2 or l3	3757	L32
L31	L30 not l11	25	L31
L30	L29 and l9	30	L30
L29	reducing agent	51622	L29
DB=PGPB; PLUR=YES; OP=ADJ			
L28	L27 and l15 and l16	15	L28
L27	reducing agent	4208	L27
DB=JPAB,EPAB,DWPI; PLUR=YES; OP=ADJ			
L26	L25 and l22	3	L26
L25	reducing agent	34906	L25
L24	L23 and l22	0	L24
L23	reducing condition	1418	L23
L22	L21 and ns3	165	L22
L21	l18 or l19	2867	L21
L20	ns3	234	L20
L19	non same hepatitis	1080	L19
L18	(hepatitis c) or hcv	2030	L18
DB=PGPB; PLUR=YES; OP=ADJ			
L17	l12 and l15 and l16	1	L17
L16	ns3	113	L16
L15	L14 or l13	1262	L15
L14	(hepatitis c) or hcv	960	L14
L13	non same hepatitis	576	L13
L12	(reducing condition)	850	L12
DB=USPT; PLUR=YES; OP=ADJ			

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L11	L10 and l9	11	L11
L10	(reducing condition)	7393	L10
L9	l8 and reducing	105	L9
L8	ns3 and l7	254	L8
L7	L6 or l5	3628	L7
L6	non same hepatitis	2293	L6
L5	(hepatitis c) or hcv	2107	L5
L4	L3 or l2 or l3	1555	L4
L3	((436/820)!.CCLS.)	196	L3
L2	((435/7.2)!.CCLS.)	1363	L2
L1	((435/5)!.CCLS.)	2542	L1

END OF SEARCH HISTORY

7299399 92226722 PMID: 1373438
Temporal relationships of hepatitis C virus RNA and antibody responses following experimental infection of chimpanzees.
Beach M J; Meeks E L; Mimms L T; Vallari D; DuCharme L; Spelbring J; Taskar S; Schleicher J B; Krawczynski K; Bradley D W
Hepatitis Branch A-33, Centers for Disease Control, Atlanta, GA 30333.
Journal of medical virology (UNITED STATES) Mar 1992, 36 (3) p226-37, ISSN 0146-6615 Journal Code: 7705876
Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: Completed
Subfile: INDEX MEDICUS

Liver enzyme levels, viral RNA, and the immune response against both structural and nonstructural hepatitis C virus (HCV) proteins have been studied in experimentally infected chimpanzees in order to further understand the natural history of HCV infection. An ELISA for measuring both IgG and IgM responses to core (c22), 33c (NS3), and c100 (NS4) was employed. The IgG response rates were 5/8 for core, and 8/8 for both 33c and c100. Utilizing this antigen combination, at least one antibody response is measureable at, or within 3 weeks of, the major ALT peak. Although no individual antibody response is universally associated with initial detection of seroconversion, the combination of all three recombinant proteins measures seroconversion an average of 54 days earlier than with c100 alone, in 6/8 of the animals. IgM responses were measureable in 5/8 of the chimpanzees, were of shorter duration, and usually arose concomitantly with IgG responses. IgM appears to be a good indicator of primary infection since neither boosting nor recrudescence of disease during the chronic phase of disease elicited a secondary IgM response. Viral RNA can be measured 4-7 days (average = 9 days) postinfection with the period preceding the ALT peak being characterized by several PCR positive segments interrupted by periods in which no viral RNA can be measured. Following the ALT peak, chronically infected animals with recurring ALT elevations are generally PCR positive with intercedent PCR negative periods. Those animals that appear to have biochemically resolved disease generally have PCR negative profiles, although they still may periodically exhibit PCR positive sera. This indicates that with the recent advent of new screening techniques, a more stringent definition of HCV resolution will be required.

Tags: Animal
Descriptors: *Hepacivirus--immunology--IM; *Hepatitis Antibodies--blood--BL; *Hepatitis C--blood--BL; *RNA, Viral--blood--BL; Base Sequence; DNA, Viral--blood--BL; Hepacivirus--metabolism--ME; Hepatitis Antibodies--immunology--IM; Hepatitis C--immunology--IM; Hepatitis C--pathology--PA; Hepatitis C Antibodies; Immunoglobulin G--immunology--IM; Immunoglobulin M--immunology--IM; Leukocytes, Mononuclear; Liver--pathology--PA; Molecular Sequence Data; Pan troglodytes; Polymerase Chain Reaction; Time Factors
CAS Registry No.: 0 (DNA, Viral); 0 (Hepatitis Antibodies); 0 (Hepatitis C Antibodies); 0 (Immunoglobulin G); 0 (Immunoglobulin M); 0 (RNA, Viral)
Record Date Created: 19920521

5/9/3
DIALOG(R)File 155:MEDLINE(R)

07275252 92202359 PMID: 1372618
Serological markers of posttransfusion hepatitis C viral infection.
Vallari D S; Jett B W; Alter H J; Mimms L T; Holzman R; Shih J W
Hepatitis Research and Development, Abbott Laboratories, Abbott Park, Illinois 60064.
Journal of clinical microbiology (UNITED STATES) Mar 1992, 30 (3) p552-6, ISSN 0095-1137 Journal Code: 7505564
Document type: Journal Article

Languages: ENGLISH
Main Citation Owner: NLM
Record type: Completed
Subfile: INDEX MEDICUS

Serological markers for hepatitis C virus (HCV) infection were measured in serial samples from 14 posttransfusion chronic non-A, non-B hepatitis patients by a semiquantitative dot blot immunoassay. The assay detected antibodies to HCV by use of recombinant proteins that represent putative HCV capsid (core), nonstructural protein 3 (NS3) (33c), and NS4 (c100) epitopes. Seroconversion to anti-HCV antibodies (anti-HCV) was detected in all patients. The average time to active antibody production detected by any of the recombinant proteins was 13.8 (range, 3.6 to 22.0) weeks posttransfusion or 4.6 (range, -4.5 to 13.4) weeks after the first biochemical marker of illness. Anti-HCV were detected earliest by the core antigen in most cases; however, the patterns of anti-HCV responses varied significantly among individuals. Overall, the addition of the core and NS3 antigens to the assay enabled the detection of the antibody response 4 to 5 weeks earlier than did the addition of the c100 antigen, the sole antigen used in current screening tests in the United States. Passively transferred antibodies were detected by at least one antigen in early posttransfusion samples from 12 patients and decayed below detectable levels for all antigens in only 2 patients. Antibodies to all three gene products were evident in the last sample from all five patients monitored for greater than 3 years from transfusion indicating the persistence of antibodies in patients with chronic illness. Our data show that the period following the onset of hepatitis during which anti-HCV are not detected by current screening assays can be greatly shortened by the detection of anti-HCV responses by a combination of core, NS3, and c100 antigens.

Tags: Human

Descriptors: *Blood Transfusion--adverse effects--AE; *Hepatitis C --immunology--IM; *Hepatitis C--transmission--TM; Antigens, Viral; Biological Markers; Hepacivirus--immunology--IM; Hepatitis Antibodies --blood--BL; Hepatitis C Antibodies; Immunization, Passive; Time Factors

CAS Registry No.: 0 (Antigens, Viral); 0 (Biological Markers); 0 (Hepatitis Antibodies); 0 (Hepatitis C Antibodies)

Record Date Created: 19920429

5/9/4
DIALOG(R)File 155:MEDLINE(R)

07174635 92108379 PMID: 1722348

Antibodies to recombinant and synthetic peptides derived from the hepatitis C virus genome in long-term-studied patients with posttransfusion hepatitis C.

Mattsson L; Gutierrez R A; Dawson G J; Lesniewski R R; Mushahwar L K; Weiland O

Dept. of Infectious Diseases, Karolinska Institute, Roslagstull Hospital, Stockholm, Sweden.

Scandinavian journal of gastroenterology (NORWAY) Dec 1991, 26 (12) p1257-62, ISSN 0036-5521 Journal Code: 0060105

Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: Completed
Subfile: INDEX MEDICUS

Eight of 13 Swedish patients (62%), studied prospectively, who developed posttransfusion non-A, non-B hepatitis (PT-NANBH) had earlier been found to seroconvert for antibodies to hepatitis C virus (anti-HCV) c100-3 in the first-generation anti-HCV enzyme-linked immunosorbent assay 1-18 (mean, 8) weeks after onset of hepatitis. By using a second-generation test utilizing antigens encoded by the core NS3 and NS4 region of HCV, a further four patients non-reactive to c100-3 (NS4) were found to seroconvert. Thus 12 of 13 (92%) Swedish patients with PT-NANBH were shown to have HCV infection.

In addition, the serologic reactivity for several individual synthetic peptides and/or recombinant HCV proteins was studied in seven anti-HCV c100-3 seroconverts studied long-term after onset of acute PT-HCV infection. No special patterns were found that could differentiate patients who recovered from those who developed chronic HCV infection. It was concluded that the addition of new recombinant antigens derived from the core and NS3 region to c100-3 (NS4) both improved the sensitivity of the anti-HCV test and shortened the window phase to seroconversion.

Tags: Human

Descriptors: *Antigens, Viral--immunology--IM; *Hepacivirus--immunology --IM; *Hepatitis Antibodies--immunology--IM; *Hepatitis C--immunology--IM; *Recombinant Proteins--immunology--IM; Alanine Transaminase--blood--BL; Antibody Formation--immunology--IM; Enzyme-Linked Immunosorbent Assay --methods--MT; Genome, Viral; Hepacivirus--genetics--GE; Hepatitis C --diagnosis--DI; Hepatitis C--therapy--TH; Hepatitis C Antibodies; Interferon Alfa-2b--therapeutic use--TU; Sensitivity and Specificity

CAS Registry No.: 0 (Antigens, Viral); 0 (Hepatitis Antibodies); 0 (Hepatitis C Antibodies); 0 (Recombinant Proteins); 99210-65-8 (Interferon Alfa-2b)

Enzyme No.: EC 2.6.1.2 (Alanine Transaminase)

Record Date Created: 19920213

5/9/5

DIALOG(R)File 155:MEDLINE(R)

06866350 91178927 PMID: 1848912

[Interpretation of Ortho HCV Ab ELISA test results by chiron HCV recombinant immunoblot assay]

Yahagi N; Kitsugi K

Rinsho byori. The Japanese journal of clinical pathology (JAPAN) Jan 1991, 39 (1) p26-33, ISSN 0047-1860 Journal Code: 2984781R

Document type: Journal Article ; English Abstract

Languages: JAPANESE

Main Citation Owner: NLM

Record type: Completed

Subfile: INDEX MEDICUS

HCV infections are diagnosed by determining the circulating antibodies to the C 100 recombinant viral antigen using the ELISA method. Cut-off analysis from normal subjects and well documented NANBH patients suggests that screening of a low risk group such as blood donors might yield a relatively high ratio of false positives. An immunoblot assay (Chiron RIBA) using 3 recombinant antigens, C 100, 5-1-1 and SOD has been developed for evaluating the ELISA reactives as an additional, more specific assay. In the RIBA testing 51.5% were reactive and 28.5% were indeterminate in ELISA positive donor specimens, and 79.5% were reactive and 8.0% were indeterminate in ELISA positive non-A, non-B hepatitis patients specimens. These findings coincide with the ratio of theoretically calculated true positive. In a study done by Ortho U.S.A. viral RNA were detected in 70% of RIBA reactive, 33% of indeterminate and 3.6% non-reactive specimens by polymerase chain reaction (PCR). Furthermore, an advanced system using another immunogenic region of viral polyprotein including c33c encoded in NS3 has been on trial to evaluate the possibility of confirming HCV infection and detecting seroconversion at an earlier stage.

Tags: Human

Descriptors: *Antigens, Viral--immunology--IM; *Hepacivirus--immunology --IM; *Hepatitis Antibodies--analysis--AN; *Hepatitis C--diagnosis--DI; *Recombinant Proteins--immunology--IM; *Viral Proteins--immunology--IM; Enzyme-Linked Immunosorbent Assay; Hepatitis C--immunology--IM; Immunoblotting

CAS Registry No.: 0 (Antigens, Viral); 0 (Hepatitis Antibodies); 0 (Recombinant Proteins); 0 (Viral Proteins); 0 (hepatitis C protein C100)

Record Date Created: 19910429